## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000005368

FILED Apr 18, 2005 Secretary of State

Entity Name: LIGHT OF CALVARY EAST COAST CHURCH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 540 NORTH DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168 **Current Mailing Address: New Mailing Address:** 540 NORTH DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168 FEI Number: 52-2183763 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KAMMER, PAUL KAMMER, PAUL 236 WILDWOOD 2923 WOÓDLAND DR. NEW SMYRNA BEACH, FL 32168 US US EDGEWATER,, FL 32141 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: 04/18/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition KAMMER, PAUL KAMMER, PAUL Name: Name: 204 1/2 N. RIDGEWOOD AVENUE Address: 2923 WOODLAND D. Address: City-St-Zip: EDGEWATER, FL 32132 City-St-Zip: EDGEWATER, FL 32141 Title: () Delete Title: () Change () Addition GONTERMAN, GARY Name: Name: Address: 231 LOS OLMAN Address: City-St-Zip: EDGEWATER, FL 32141 City-St-Zip: Title: () Delete Title: SD (X) Change ( ) Addition SULLIVAN, RIBIN Name: DEBBIE, WALLACE Name: 623 EAST MINNESOTA AVE. 3231 TANGELO RD. Address: Address: City-St-Zip: DELAND, FL 32724 City-St-Zip: EDGEWATER, FL 32141 Title: () Delete Title: VPD ( ) Change (X) Addition Name: Name: DARRYL, WALLACE 3231TANGELO RD. Address: Address: City-St-Zip: City-St-Zip: EDGEWATER, FL 32141 Title: () Delete Title: ( ) Change (X) Addition CAROL, GONTERMAN Name: Name: 231LOS OLMAN Address: Address: City-St-Zip: City-St-Zip: EDGEWATER, FL 32141 Title: () Delete Title: ( ) Change (X) Addition VICTORIA, BORTALUSSI Name: Name: Address: Address: 818 DOUGHERTY NEW SMYRNA BCH, FL 32168 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL KAMMER PD 04/18/2005